

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4027**

30380

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u> Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>25 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #2</u>			d. STREET ADDRESS (If rural, give location) <u>2614 Euclid</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lydia</u>		b. (Middle)		c. (Last) <u>Newton</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>9-18-51</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>10-10-98</u>		9. AGE (in years last birthday) <u>52</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>maid</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Alabama</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>Saul Newton</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Newton</u>	
14. NAME OF HUSBAND OR WIFE <u>Unknown</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unk.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Allene Walker</u>		ADDRESS <u>2614 Euclid</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary edema</u>		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			21a. ACCIDENT SUICIDE HOMICIDE (Specify)		
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>9-16-51</u> to <u>9-18</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9-18</u> , 19 <u>51</u> , and that death occurred at <u>5:30a</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>E. Frank Ellis</u>			23b. ADDRESS <u>MD 600 East 22nd Street</u>		
23c. DATE SIGNED <u>9-18-51</u>			24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		
24b. DATE <u>9/22/51</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Blue Ridge Lawn</u>		
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Walden Bros. 18th &amp; Benton</u>		
DATE REC'D BY LOCAL REG. <u>9-21-51</u>			REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*Laurence L. Jones*

Licensed Embalmer No. *4439*

P. O. Address *1845 Leaton*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.